

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST JOSEPH HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 BROADWAY FORT WAYNE, IN 46802</b>
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S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of two State hospital complaints.</p> <p>Complaint Numbers: IN00146609: Unsubstantiated; lack of sufficient evidence. IN00150952: Substantiated; deficiencies cited related to the allegations.</p> <p>Date: 10/2/14</p> <p>Facility Number: 005043</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/28/14</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p>	S 912		

Indiana State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and staff interview, the nurse executive failed to ensure that nursing staff followed physician orders related to patient diets, and failed to implement the facility policy related to documentation of dietary intake for 1 of 6 patients (pt. #6).</p> <p>Findings:</p> <p>1. Review of the policy and procedure "Nursing Documentation Procedure", policy number NUR 210, last revised 11/11, indicated:</p> <p>A. In section J., it reads: "Graphic Sheet, record the following:...5. Type of diet and amount consumed...".</p> <p>2. Review of patient medical records indicated that pt. #6:</p> <p>A. Had a "Cardiac Diet" ordered on admission 5/12/14 at 1:03 PM, but nursing noted the patient as being NPO (nothing by mouth) at 6 PM on</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>5/12/14.</p> <p>B. On 5/13/14, the only meal documented as being given/eaten was at 8:05 AM when nursing noted that 75 to 100% was consumed by the patient. There was no documentation related to breakfast or dinner for that day.</p> <p>C. Nursing staff documented the patient as NPO on 5/14/14 at meal times (8:00 AM, 12:16 PM, and 6:00 PM).</p> <p>D. The patient was ordered to be NPO at midnight on 5/14/14, but then the order was "DC'd" (discontinued) at midnight on 5/14/14.</p> <p>E. Nursing staff documented the patient as being NPO for breakfast on 5/15/14, but did note that the patient was "...sitting on side of bed eating lunch..." at 12:00 PM on 5/15/14.</p> <p>F. The patient was transferred from the unit on 5/17/14, but lacked any documentation of type of diet and % eaten after the 12:00 PM notation on 5/15/14.</p> <p>3. At 4:50 PM on 10/2/14, interview with staff member #52, the Quality Manager, indicated:</p> <p>A. An admission order for a cardiac diet was written on 5/12/14 at 1:03 PM.</p> <p>B. Patient #6's chart had an order entered for the patient to be NPO at midnight on 5/14/14, but that order was immediately discontinued and was most likely entered, by nursing staff on the flowsheets, as NPO by mistake.</p> <p>C. The only two notations, by nursing, of dietary intake for pt. #6, between their admission date of 5/12/14 and discharge on 5/17/14, was at 8:05 AM on 5/13/14, and at lunch on 5/15/14.</p> <p>D. Nursing staff failed to follow physician orders for a cardiac diet from 5/12/14 to 5/17/14, and lacked documentation of the type of diet provided, or the % eaten, at meal times when nutrition was offered to the patient, as required by facility policy.</p>	S 912		

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S1172	<p>410 IAC 15-1.5-8 PHYSICAL PLANT</p> <p>410 IAC 15-1.5-8(e)(1)(A)(B)(C)</p> <p>(e) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, shall be kept clean and orderly in accordance with current standards of practice as follows:</p> <p>(1) Environmental services shall be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following:</p> <p>(A) Asepsis (B) Cross-infection; and (C) Safe practice.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, observation, and interview, the EVS (environmental services) manager failed to ensure that cleaning staff were following the facility policy for "7 step process" by failing to provide a clean, sanitary environment for patients in three rooms observed.</p> <p>Findings: 1. Review of the policy and procedure "7 Step Procedure for Patient care - Daily Room Cleaning", policy number ENV330, last reviewed 2/2013, indicated: a. Under "Procedure", it reads: "...5. High</p>	S1172		

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S1172	<p>Continued From page 4</p> <p>Dust: Start high dusting at the door of the room and proceed all the way around the room dusting horizontal ledges that are hard to reach. Make sure to dust vents...6. Spray down all areas that are to be cleaned with 3M #23 quat disinfectant germicidal cleaner...8. Damp wipe/spot walls: Using the Kim wipers that are saturated in quat disinfectant germicidal solution disinfecting all horizontal ledges, furniture, and all patient contact areas..."</p> <p>2. At 11:40 AM on 10/2/14, it was observed on the 4 North telemetry nursing unit, while touring in the company of staff members #54, the EVS manager, and #58, the nurse supervisor of the telemetry unit:</p> <p>a. In room 468:</p> <p>I. There was debris around the edges the floor, even though nursing noted that housekeeping had just mopped the room.</p> <p>II. There were dribbles (from a splash) of a dried brown liquid on the wall (high, near the ceiling--beside the cross plaque-- three lines of dried liquid about 8 inches long each).</p> <p>III. Two wall mounted shelves that had an accumulation of dust present.</p> <p>IV. The ventilator/face plate, on the wall under the outside window, had dried substances and dust/dirt present on the slats of the approximately 3 foot by 2 1/2 foot face plate.</p> <p>b. In room 466:</p> <p>I. The ventilator/face plate, on the wall under the outside window, had dust/dirt present on the slats of the approximately 3 foot by 2 1/2 foot face plate.</p> <p>II. Two wall mounted shelves had an accumulation of dust present.</p> <p>III. The top of the wall mounted sphygmomanometer had dust on it.</p>	S1172		

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S1172	Continued From page 5  c. In room 478, it was noted that the ventilator/face plate, on the wall under the outside window, had dust/dirt present on the slats of the approximately 3 foot by 2 1/2 foot unit..  3. At 12:00 PM on 10/2/14, interview with staff member #54, the EVS manager indicated: a. It was agreed that rooms 468, 466, and 478 lacked cleanliness, as listed in 2. above. b. The 7 step process for cleaning is not being followed by housekeeping staff, as required by policy.	S1172		